

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3704AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2009
NAME OF PROVIDER OR SUPPLIER ST MATTHEWS CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 651 REDEYE LANE LAS VEGAS, NV 89110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 8/25/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for seven (7) Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category I residents. The census at the time of the survey was 7 residents. Seven (7) resident files were reviewed and three (3) employee files were reviewed. One (1) discharged resident file was reviewed. The facility received a grade of B.</p> <p>There were no complaints investigated.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 8/25/09, the facility failed to ensure 2 of 3 caregivers complied with NAC 441A.375 regarding tuberculosis testing for the protection of all residents. Findings Include: Employee #1 has no documentation of annual TB signs and symptoms checklists since September of 2007 and Employee #2 has no documentation of an initial two-step TB test. This was a repeat deficiency from the 10/23/08 State Licensure survey. Severity: 2 Scope: 3	Y 103		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 8/25/09, the facility failed to ensure 1 of 3 caregivers met background check requirements. Findings Include: Employee #3 had a copy of fingerprints dated 3/26/08 which were older than 6 months of the hire date with the facility. The file also had no FBI response letter and the State response letter was	Y 105		

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Y 105	Continued From page 2 dated 1/26/04. This was a repeat deficiency from the 10/23/08 State Licensure survey. Severity: 2 Scope: 1	Y 105			
Y 177 SS=D	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse. This Regulation is not met as evidenced by: Based on observation on 8/25/09, the facility failed to ensure the premises of the facility was kept free from the accumulation of dirt. Findings include: The water in the facility's fish aquarium, located in the dining area, was a deep colored green. The fish aquarium was dirty and in need of cleaning. Severity: 2 Scope: 1	Y 177			
Y 273 SS=D	449.2175(4) Service of Food - Special Diets NAC 449.2175 4. A resident who has been placed on a special	Y 273			

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Y 273	Continued From page 3 diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. This Regulation is not met as evidenced by: Based on observation and interview on 8/25/09, the facility failed to provide a diabetic diet to 1 of 7 residents ordered a special diet (Resident #1). Severity: 2 Scope: 1	Y 273		
Y 307 SS=E	449.218(6) Bedrooms - Beds and Bedding NAC 449.218 6. A separate bed with a comfortable and clean mattress must be made available for each resident. The bed must be at least 36 inches wide. Two clean sheets, a blanket, a pillow and a bedspread must be available for each bed. Linens must be changed at least once each week and more often if the linens become dirty. Additional bedding, including protective mattress covers, must be provided if necessary. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure resident beds had clean sheets for 2 of 7 residents (Resident #5 & #6). Findings include 1. The bed occupied by Resident #5, had dirty sheets which were thinned and had holes/rips.	Y 307		

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Y 307	Continued From page 4 2. The bed occupied by Resident #6, had sheets which were thinned and dingy. Severity: 2 Scope: 2	Y 307		
Y 451 SS=F	449.231(2)(a)-(f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person. This Regulation is not met as evidenced by: Based on observation on 8/25/09, the facility failed to have a first aid kit available with the required components. Findings include: The facility's first aid kit lacked documented evidence of a thermometer and a CPR mask/shield.	Y 451		

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Y 451	Continued From page 5 Repeat deficiency from state licensure survey dated 10/23/08. Severity: 2 Scope: 3	Y 451		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 8/25/09, the facility failed to ensure 2 of 7 residents complied with NAC 441A.380 regarding tuberculosis testing which affected all residents. Findings include: Resident #3 had no documentation of the 2nd step of the two-step TB test and Resident #5 had an Annual TB test conducted in April of 2009, which was given more than a year after the initial two-step TB test. Severity: 2 Scope: 3	Y 936		

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Y1010	Continued From page 6	Y1010		
Y1010 SS=E	<p>449.2764(1) MI Training</p> <p>NAC 449.2764</p> <p>1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses.</p> <p>This Regulation is not met as evidenced by: Based on record review on 8/25/09, the facility failed to ensure that a minimum of 8 hours of training related to the care of mentally ill residents was received within 60 days of hire by 1 of 3 employees (Employee #2).</p> <p>Severity: 2 Scope: 2</p>	Y1010		

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